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CONFIRMATION NO. 4918

<b>SERIAL NUMBER</b> 10/660,452	<b>FILING OR 371(c) DATE</b> 09/11/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 58779/B884	
<b>APPLICANTS</b> Lutz Biedermann, Villingen, GERMANY; Jurgan Harms, Karlsruhe, GERMANY;  <b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b> GERMANY 102 42 329.6 09/12/2002  <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 12/11/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 23363					
<b>TITLE</b> INTERVERTEBRAL DISK PROSTHESIS					
Change(s) applied to document, /A.M./ 2/14/2011					
<b>FILING FEE RECEIVED</b> 2400	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		